

JASPER COUNTY HEALTH DEPARTMENT
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TEMPORARY FOOD SERVICE ESTABLISHMENT APPLICATION

ISDH Rule 410 IAC 7-24 defines any food service, retail food service, or mobile food service establishment that operates at one location for a period of time not to exceed 14 consecutive days as a temporary food establishment.

Please complete the following in it's entirety and submit 2 weeks prior to event!

Establishment Name: _____
Name of Event or Operation: _____
Location of Event: _____
Date of Event: _____
Owners Name: _____
Owners Address: _____
Telephone Number: _____

A SEPARATE PERMIT IS REQUIRED FOR EACH UNIT THAT OPERATES!!

Type of Set-Up: Trailer___ Booth___ Tent___

List the food being sold: _____

Please include a copy of your Serv Safe Certificate!!!

Temporary Permit Fee: \$25.00 and a copy of driver's license

Not-for-Profit Exempt- No Fee -Tax ID Number: _____

Circle the one applies to your facility:

Sewage Disposal: Public Private

Water Supply: Public Private

Signature: _____ Date: _____